

"FEE ADDRESS" INDICATION FORM

Address to:
 Mail Stop M Correspondence
 Director of the US Patent and Trademark Office
 P.O. Box 1450
 Alexandria, VA 22313-1450

INSTRUCTIONS: Only an address associated with a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be specified when the patentee would like correspondence related to maintenance fees to be mailed to a different address than the correspondence address for the application. If there is a Customer Number already associated with the fee address for the patent or allowed application, check the first box below and provide the Customer Number in the space provided. If there is no Customer Number associated with the fee address for the patent or allowed application, you must check the second box below and attach a Request for Customer Number form (PTO/SB/125). For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.

Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:

Customer Number → Place Customer Number
Bar Code Label Here

OR

Request for Customer Number (PTO/SB/125) attached hereto
 in the following listed application(s) for which the Issue Fee has been paid or patent(s).

PATENT NUMBER (if known)	APPLICATION NUMBER
7,002,136	10/330,923
6,760,085	10/082,823
6,724,537	10/268,512
6,795,613	10/273,683
6,717,733	10/330,410
7,145,590	10/327,218
7,139,139	10/359,108

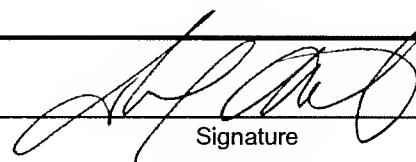
Completed by (check one):

Applicant/Inventor

Attorney or Agent of record 30,175
(Reg. No.)

Assignee of record of the entire interest. See
 37 CFR 3.71. Statement under 37 CFR 3.73(b)
 is enclosed. (Form PTO/SB/96)

Assignment recorded at Reel _____ Frame _____



Signature

Timothy A. French

Typed or printed name

617-542-5070

Requester's telephone number

June 30, 2008

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below *.

*Total of 2 forms are submitted.

Request for Customer Number

Address to:

Mail Stop EBC
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

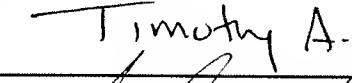
To the Commissioner of Patents
Please assign a Customer Number to the Address indicated below.

Firm or Individual Name	Nippon Sheet Glass Co., Ltd.				
Address	4-7-28, Kitahama, Chuou-ku, Osaka-shi				
Address					
City		State	Osaka	ZIP	541-8559
Country	Japan				
Telephone		Fax			

Please associate the following practitioner registration number(s) with the Customer Number assigned to the Address cited above.

Additional practitioner registration numbers are listed on supplemental sheet(s) attached hereto

Request Submitted by:

Firm Name (if applicable)	Fish & Richardson P.C.		
Name of Person submitting request	Timothy A. French		
Signature			
Telephone Number	617-542-5070	Date	6/30/2008